Avera McKennan Hospital Patient: MYERS,RICHARD DALE

Acct: MR: M/25

Adm: 01/14/19 Dsch: 01/15/19
Loc: MK.BH.AAP Rm: B.1464 Status: DIS IN
Attending: Weatherill, Jay E MD

RISK MANAGEMENT: Suicidal ideations: Yes.

Suicide risk assessment: High. Patient recently overdosed on gabapentin in a suicide attempt..

Protective factors include social support, connect with providers, family. We continue to attempt to mitigate suicidal risk factors in our treatment plan.

Violence risk assessment: High. Patient has history of violence including assault charges, consumption charges, and timed served in jail and prison.. We continue to attempt to mitigate violence risk factors in our treatment plan.

MANAGEMENT OPTIONS:

Patient is admitted to Unit a under the care of Dr. Weatherill.

Suicide precautions: yes

Safety Checks: The patient will be placed on suicide precautions and close observations every 15 minutes. Patient to receive usual comfort measures including privileges and medications.

Acute Medications: Zyprexa 5 mg every 6 hours as needed for agitation.

TREATMENT PLAN:

Psychotropic Medications: Patient denies taking medications for quite some time, patient is unable to tell me his last appointment with psychiatric provider. Per pharmacy patient's last felt it was in October or September for certain medications. Patient endorses that he needs medication for sleep, trazodone 50 mg was prescribed with a repeat x1 in the middle the night.

Possible side effects, risks, benefits, and alternatives to the new medication were discussed. The patient verbalized understanding and agreement.

Medical: No consult to medicine Psychotherapy: Unit a groups

Social: Social work assistance with ongoing discharge planning appreciated.

Substance Use: None Consultation: None

(Heyduk,Courtnee R MD, Resident)

Primary DSM 5 Diagnosis:

- (1) Alcohol-induced mood disorder with mixed manic and depressive symptoms
- (2) Overdose

Assessment & Plan: Gabapentin, unknown amount.

Qualifiers:

Encounter type: initial encounter Injury intent: intentional self-harm Qualified Codes:

T50.902A - Poisoning by unspecified drugs, medicaments and biological substances, intentional self-harm, initial encounter

- (3) Alcohol use disorder, moderate, dependence
- (4) Cannabis use disorder, severe, dependence

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HISTORY &	

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Patient struggles with irritable outbursts and violence when he uses alcohol. The patient's mother agreed to file an involuntary chemical dependency treatment commitment.

Continue current psychotropics

Supportive psychotherapy and psychoeducation regarding discharge plans

Safety crisis plan reviewed in case of worsening of mental status or development of suicidal ideation

Suicide Risk Assessment: Moderate

Violence Risk Assessment: Moderate to high Access to Firearms/Means: Patient denied

Suicide Risk Factors:

Chronic: History of violence and suicide attempts, chronic cannabis and alcohol use

Acute: Cannabis and alcohol use, possible homelessness

Imminence: Patient denies current suicidal ideation intent or plan, denies homicidal ideation intent or plan

Protective Factors:

Reason for living: Supportive mother and sister

Mitigation Plan:

Continue to develop rapport with the patient and develop coping strategies, focus on reasons to live rather than to die or feel hopelessness, reduce access to means of suicide, work to develop safety crisis plan

Felt safe and appropriate for discharge at this time, patient does not meet involuntary hold criteria. His outbursts occur when he is using alcohol and cannabis.

Prognosis: Guarded

Psychotropic Medication Changes: Patient stated he did not want psychotropics

Discharge to home, IVC pending.

MENTAL STATUS EVALUATION

Appearance, Attitude, and General Behavior: Generally cooperative and pleasant, fair grooming, good eye contact

Psychomotor Activity: No agitation evident on the unit

Mood: Euthymic

Affect: Wide range, congruent with mood, appropriate to thought content

Thought Form/Process and Associations: [Logical, goal-directed, linear associations]

Speech: [Clear, spontaneous, normal rate, coherent]

Thought Content and Perceptual Disturbances: [no suicidal ideation intent or plan, denies homicidal ideation intent or plan, no auditory or visual hallucinations, no delusions revealed, no obsessive thoughts]

MENTAL GRASP/SENSORIUM AND COGNITION:

Meditech report ID number: Facility: MCK/MR

Signed Copy Page 3 of 6 DISCHARGE SUMMARY